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The Humanizing Power of Medical History: Responses to Biomedicine in the 20th-Century United States

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Abstract:

From the end of the 19th century through the present, the idea that medical history can and ought to serve modern medicine as a humanizing force has been a persistent refrain in American medicine. Focusing on the United States, this paper explores the emergence of this idea at precisely the moment when modern Western biomedicine became ascendant. At the same institutions where the new version of scientific medicine was most energetically embraced, some professional leaders began to warn that the same allegiance to science driving the professional technical and cultural success was also endangering humanistic values that were fundamental to professionalism, the art of medicine, and cultural cohesion. They saw in history a means for re-humanizing modern medicine and countering the risk of cultural crisis. The meanings attached to medical “humanism” have been changing and multiple, but, as this paper shows, some iteration of this vision of history as a humanizing force was remarkably durable across the 20th century. It was especially revitalized in the 1970s as part of a larger cultural critique of the putative “de-humanization” of the medical establishment, when some advocates promoted medical history as tool for fashioning a new kind of humanist physician and a source of guidance in confronting social inequities of the health care system. What has persisted across time is the way that the idea of history as a humanizing force has almost always function as a discourse of deficiency—a response to perceived shortcomings of biomedicine, medical institutions, and medical professionalism.

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My focus here is the idea that history can and ought to serve modern medicine as a humanizing force. Let me say clearly at the outset that most American historians of medicine today (and I include myself) would be very hesitant about any claim that medical history humanizes doctors, medical students, or the larger health care enterprise. As an historian, therefore, I find it all the more striking that the proposition that history should be a cornerstone of humanistic medicine first emerged at precisely the moment when modern Western biomedicine became ascendant; and that some iteration of this vision of history as a humanizing force has been remarkably durable. I want to recount the emergence of this idea, focusing narrowly on the U.S., then to lightly sketch its longer trajectory across the 20th century. The idea of history as a humanizing force has almost always functioned as a discourse of deficiency. There have been anti-science currents as well, but that is outside of my focus here. Instead, I want to look at this idea as a

revealing index of the changing ways in which biomedicine—while celebrated for its technical power—has been seen as insufficient in making good doctors, guiding good practice, and directing socially responsible health care systems.

By the start of the 20th century, the embrace of the new experimental sciences was transforming American medical knowledge, practice, and institutions. This new version of Western scientific medicine—biomedicine—privileged reductionism, specialization, standardization, precision, technology, and a confident faith in the laboratory as the leading wellspring of medical progress. Experimental science offered both a technical tool physicians could use at the bedside and a powerful cultural tool they could use in the marketplace. The identification of the medical profession with this new scientific medicine, reinforced in the 1910s by the thoroughgoing reformation of medical education, helped propel the remarkable elevation of the status and standing of the profession in American society that ensued.

Seen in this context, it is all the more remarkable that at precisely those medical institutions where the new version of scientific medicine was most prominently entrenched, some doctors began to warn that the same allegiance to science driving the profession's technical and cultural success was also endangering humanistic values that were fundamental to professional identity, the art of medicine, and cultural cohesion. Western medicine, more powerful than ever before, was at risk of cultural crisis. This was not a lament from the mass of general practitioners, but was voiced instead by some of the most eminent leaders of the profession, who welcomed—not resisted—the new scientific medicine. They looked to medical *history* as vehicle for re-humanizing modern medicine, a counterbalance to reductionist hubris in the individual physician and a cohesive force binding medicine together in the face of the splintering tendencies of an increasingly specialized medical world. History was to be the cornerstone of a “new humanism” in medicine that would promote a cross-cultural dialog between the sciences and the humanities—a platform for addressing apprehensions about cultural distinegration sparked by the new dominance of biomedicine.

During the final decades of the 19th century, as more and more Americans traveled to German centers to study the new experimental laboratory sciences and clinical specialties, many had returned consecrated to the vision of a new kind of scientific medicine. The laboratory, as they depicted it, stood for exactness, rigor, precision, and uniformity. And these ideals informed a plan to free medicine from its tedious preoccupation with the idiosyncrasies of individual patients. The “exact method”—the embrace of reductionism and mechanical objectivity—would make clinical medicine an exact science. What was new was the call to liberate medicine from the doctor’s individual observation and personal judgment. Each new technology was lauded for its promise of “eliminating the personal equation of the observer.”ⁱ

This program for a new scientific medicine also rendered the role that history had long played in medicine irrelevant. For centuries before the mid-1800s, history had been an integral part of Western medicine—a source of authority and vehicle for articulating theory. But in the new order of things, it was experimental science, not history, that was to confer authority. Indeed, a deliberate break with the past was part of the creation of a modern professional identity. However, first in Germany, where the experimental laboratory sciences had become central to medicine earlier than in the rest of the West, the very end of the 19th century witnessed a renaissance in the history of medicine—but history of a new sort, accorded a different function. The sheer success of the reductionist program in reshaping medical knowledge and culture prompted many leading physicians to worry that the epistemological and technical gains of the new science may have been bought at a very high price. Theodor Puschmann, for example, professor of medical history in Vienna, called in 1889 for a rehumanization of the physician in an age of scientific ideals. He argued the medical history could play a crucial role in a medical education—that it would broaden future physicians, ennoble their character, prevent them from slipping into “superficial materialism,” and lay a sturdy foundation for professional knowledge. He particularly argued that the need for the unifying influence of history was greater than ever before, bridging the growing gap between the laboratory and the clinic and across the fragmenting specialties.ⁱⁱ

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